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THE COTTAGE SYSTEM

AND

GHEEL;

AN ASYLUM TRACT.

BY

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ASSISTANT-PHYSICIAN ROYAL EDINBURGH ASYLUM.

"FIDELIUS RIDENT TUGURIA."

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1861.

THE

COTTAGE SYSTEM AND GHEEL.

BY

J. SIBBALD, M.D.,

ASSISTANT-PHYSICIAN TO THE ROYAL EDINBURGH ASYLUM FOR THE INSANE.

"Fidelius rident tuguria."—*Proverb.*

A SYSTEM, called the cottage system, has of late years been attracting the attention of many of those interested in the construction of our lunatic asylums. The careful study of the requirements of the insane, which distinguishes many of the beautiful structures recently erected by the English counties has succeeded in producing what may be regarded as nearly the perfection of our present system; and unless it can be shown that an arrangement based on entirely new principles ought to be adopted, there remains little to be done in the way of improvement. Every proposal, therefore, which suggests a new principle of construction deserves the serious consideration of our profession; and the cottage system has been so highly commended by many respectable authorities that an examination of its merits will not be unacceptable to the readers of the Journal. The following pages are intended to be devoted to this object, as well as to the consideration of how much, if any, of the peculiarities of the system should be adopted in future arrangements for the accommodation of the insane; whether it should be adopted in place of our present system, engrafted upon it, or rejected altogether as unsuitable or impracticable.

The cottage system is to be seen in its highest development in the Belgian town of Gheel, which place I had an opportunity of visiting last summer; and I took advantage of the occasion to observe the working of the system. A consideration of the degree

of success which has attended the experiment there must greatly influence our opinion of its suitability for adoption elsewhere, so that a short space devoted to this inquiry will lay the best foundation for a discussion of the general question.

Many notices of Gheel are to be found in recent medical literature, but the attention of the scientific world was first directed to it by Esquirol, who, in his *Maladies Mentales*, records a visit made by him in 1821. It was not, however, until the publication of the observations of MM. Guislain and Moreau (de Tours), and the reports of M. Ducpétiaux, that its peculiarities received anything like general attention. The writings of these gentlemen, and the more recent labours of MM. Parigot, Bulckens, and De Mundy, have brought the subject fully before the Belgian government and people; and Drs. Roller and Droste have addressed themselves to the German public. The interest of the French public has also been powerfully excited by the writings of M. Jules Duval, whose recently published work contains a most interesting account of the town and its inhabitants.* Dr. Galt has written frequently and well for the purpose of laying the subject before the American people. In this country, Sir Andrew Halliday, Drs. Cumming, Webster, Browne, and Coxe have published notices of the system; and in the number of this Journal for April, 1858, Dr. Henry Stevens records his observations made during a visit to the locality.

The allusions to Gheel occurring in many recent writings make it appear that its history is sufficiently familiar to all. But I believe that English writers have not given the details in such a manner as to make a complete appreciation of the present state of things easily attainable. The social economics of the place are so peculiar, indeed altogether *sui generis*, that a knowledge of the train of circumstances which developed them is essential to this end.

The early history of every locality is mixed up with much that has no more solid foundation than the imaginations of the monkish chroniclers; and Gheelese annals form no exception to the rule. Yet it is probable that there is good ground for believing in the more important incidents preserved in its legendary lore. In the seventh century, when Christianity first penetrated into that portion of ancient Gaul which now forms the kingdom of Belgium, a church was erected in the desert region lying to the north of the modern Brussels, and now known as the Campine or Kempen Land. This church was dedicated to St. Martin, the apostle to the Gauls; and a few huts, erected by the Christians who gathered round it, formed the nucleus of the present town of Gheel. Among those who settled in this little colony were the daughter of an Irish prince and a missionary named Gerrebert who had converted her to Chris-

* 'Gheel, ou une Colonie d'Aliénés, vivant en famille et en liberté,' par Jules Duval. Paris, Guillaumin et Cie.

tianity. The cause of their flight from her father's house appears to have been his anger at the virtuous and Christian conduct of the Princess Dymphna. Their behaviour while at Gheel secured for them the affection and respect of the other residents. This happiness did not last long, for the irritated father pursued them to their retreat, and ordered the death of his daughter and the priest. The latter was immediately slain, but none being found among his retinue who would execute his unnatural vengeance on the youthful Dymphna, he slew her with his own hand. Among the spectators of this cruel martyrdom were some persons labouring under insanity, and such is said to have been the effect of the scene that their deranged faculties were roused into healthy action, and the former lunatics became sane in mind. In a barbarous and superstitious age, it was natural that an occurrence like this should be associated with a belief in its miraculous character, and, accordingly, to the virtues of the pious girl were imputed the remedial power. Henceforth Saint Dymphna was looked upon as the patron saint of the insane, and numbers of those mentally afflicted were brought to her tomb in hopes of some miraculous cure. The experience of the present generation, with its legion of medical systems, shows how any absurdity may easily gain credit for peculiar remedial efficacy among a large number of mankind, for arguments of the *post hoc ergo propter hoc* character are eagerly received in evidence. We all know how frequently removal from home causes an immediate improvement in the condition of the diseased mind, and no doubt a pilgrimage to the shrine of Saint Dymphna was really beneficial in many cases, and productive of cure in some. As a natural consequence of this state of things, arose the practice of bringing the patients to the sacred place, and leaving them under the care of a resident friend, or one who would, as means of gaining money, take charge of those for whom the intercession of the saint was desired.

In consequence of the barren soil which distinguishes the greater part of the Campine, the population of Gheel have from the first been of necessity both industrious and poor. These two circumstances peculiarly fitted them for the duty of taking care of lunatics, their industry and frugality tending to produce a character distinguished by patience and the other virtues, and their poverty making it a matter of importance that they should embrace such an opportunity of increasing their means of livelihood. As the fame of Saint Dymphna extended, the influx of patients increased, keeping pace with natural increase of the sane population. At this stage of the history it is well that we should pause and consider the important result which followed from this train of circumstances.

Before the inhabitants amounted to more than a few families, they became habituated to the residence of lunatics among them, and the task of taking care of them soon followed, enforced by the

dictates of Christian charity as well as worldly interest. The insane person was regarded as one for whose cure every effort should be made, and not merely, as in other places, an outcast from society, on whom God had placed his seal of wrath. These habits and these feelings descended from one generation to another, until we find a numerous community, who not only tolerated, but accepted as natural, a state of things which no other would have endured with patience for a single hour. This peculiar manner of viewing the insane having become part of the public feeling of the place, constituted the distinctive feature which made Gheel more suitable than any other place for the family treatment of the insane. Another element in this public feeling exercised an important influence on the Gheelese customs and their relation to the insane residents. Medicine was, during the middle ages, encompassed with a web of superstition, and mental alienation was almost invariably regarded as due to supernatural causes. This was rather encouraged than counteracted by the form of Christianity prevalent at that time; consequently spiritual aid was regarded as the most efficient means of cure, or, as it was then termed, exorcism of the evil one. The effect of even a groundless faith is often beneficial, and might be so in some cases then; but, unfortunately, the proceeding which was inculcated by the Bishop of Bois le Duc, and superintended by the Chapter of St. Dymphna, was likely to prove detrimental in the great majority of cases. The house in which the ceremony was performed is still in existence, and was open and empty when I visited it. The following is the description of the exorcism given by M. Moreau (de Tours) in his "Lettres Médicales," published in the 'Annales Médico-Psychologiques.'

"The patient for whom it was wished that the assistance of the saint should be implored was placed in a kind of infirmary, attached to the church of St. Amans.* This infirmary is composed of two large compartments, which serve as a dwelling for the family intended to take charge of the patient. Close by each of these is a little chamber with a grated window, which may be from three yards to three yards and a half in length by two and a half in breadth. A couch of very solid oak, to which are fixed on each side iron rings and straps to restrain the lunatic in case of furious mania, constitutes all the furniture. A neuvaine is performed, and every day the patient, preceded by the ecclesiastics and surrounded by a crowd of assistants, who chant the praises of St. Dymphna, march three times round the church. Each time a halt is made at the tomb of the saint, situated at the head of the church under a kind of portico of gothic form. It is elevated by means of four pillars about four feet from the ground. The lunatic, on his knees, dragged himself

* M. Moreau has evidently mistaken the church of St. Dymphna for St. Amand, which is in the centre of the town, while St. Dymphna is near one extremity.

through below; they then exorcised him, and afterwards conducted him back to the infirmary." The nine days being over, he was freed from the chains, and given back to his family. "It is certain," says M. Bulckens, in his report to the Belgian Lunacy Commission, "that cures were obtained under this influence." Fortunately, few are found now who are sufficiently fanatical to submit their friends to such an ordeal. Such, however, was the superstitious custom authorised by the Church of the middle ages.

Doubtless this mixture of heroic religion with therapeutics produced bad results besides the special cruelties of the exorcism; but this was no peculiarity in the customs of Gheel, the same feeling, perhaps in a stronger degree, prevailed over the rest of Europe. Indeed, one of the oldest authentic documents preserved in the archives of Gheel seems to show that the Gheelese system tended to loosen the chains with which general public opinion at that time bound the lunatic. In 1676, a municipal order was promulgated to counteract the inclination of the keepers of lunatics to give them liberty to go about unrestrained. "Le bailli et les échevins ordonnent que tous ceux qui hébergent des fous ou des sots, lieront ceux-ci des pieds et des mains de telle sorte qu'ils ne puisssent nuire à personne, sous peine de responsabilité des méfaits et nuisances; et qu'ils les empêcheront d'entrer dans l'Eglise paroissiale de Saint Amand sous peine d'une amende de six florins." By this it appears that the tendency of those who lodged lunatics was to give them more freedom than was thought proper by the magistrates of those days. In spite of this severe law, the custom of allowing liberty to the insane gradually crept in again, and about a century after that just quoted we find another interference was considered necessary to check the tendency. This time, however, the *bailli* and the *échevins* seem to recognise the superiority of careful superintendence to the promiscuous employment of chains and fetters. In 1747 it was thus enacted:—"Le bailli et les échevins, ayant reconnu que les fous causent différents désordres, qu'ils se noient et causent des accidents, etc. . . ordonnent que tout fou ou sot retenu par des entraves n'entre plus dans l'église de Saint Amand ou Sainte Dymphne, sans être accompagné de son nourricier; qu'aucun aliéné ne sera plus entravé et lié sans connaissance préalable et permission du révérend doyen collégial pour ceux qui seront placés à l'infirmerie attachée à l'église de Sainte Dymphne, et pour tous les autres aliénés, sans la permission du bailli, le tout sous peine de six florins d'amende." Perhaps the most remarkable of these enactments is that which was published in 1754, where it is complained that the insane are so free "that one can no longer distinguish between the insane and the rational; and this because the keepers always reply, 'Ah! my lunatic, or lodger, is not dangerous; he does harm to no one; in fact, he is the best fellow in the world.'" No doubt even then the

treatment to which the insane were subjected at Gheel involved much that would now be considered barbarous and cruel; but the facts seem to show that, on the whole, it was in advance of the spirit of the age. The time was coming, however, when the doings at the little Belgian town, and the treatment of the insane all over the civilised world, were to be viewed by more enlightened eyes than had yet observed them. The following is Esquirol's account of what he observed at Gheel in 1821:—"The great part of these unfortunates," the insane residents, "are fed like the peasantry of the country. In the town the dietary is better, and generally it is the same as that of the persons with whom they live. The lunatics, male and female, wander freely in the streets or in the country, without any one appearing to be watching them, even when they have trammels on their feet. If they try to escape, straps are used; if they are furious, they are chained by hands and feet when they do not go out of doors, at least when they are lodged in a sequestered farm; in spite of these means of restraint, it happens often that they wander or escape, but the police of the surrounding districts stop them at eight or nine miles' distance, and bring them home." We must admit that, in the time of Esquirol, cottage-treatment at Gheel was superior in many things to that of asylums, except, perhaps, the few which his labours had helped to ameliorate. In Sir Andrew Halliday's 'General View of Lunatic Asylums,' published in 1828, he gives an account of his visit to Gheel, in which he records a most favorable opinion of its condition. He concludes his sketch with the following remarks:—"If the governors of St. Luke's were to form such an establishment upon some of the heaths or commons that are at no great distance from the metropolis, they would more effectually, I imagine, fulfil the intentions of the benevolent supporters and contributors to this institution, than by transferring their supposed incurables, after a twelvemonth's trial, to the white and red houses at Bethnal Green, as very uniformly has hitherto been their practice for a number of years past. And that such an establishment might be formed at a very small expense must be apparent to all who will give themselves the trouble to think on the subject."

"The renting of a considerable portion of any such heath or common would not be any great charge to the funds of the establishment, nor could the building of the cottages cost much; and such an arrangement might be made the means of keeping many poor, but well-ordered, families from the workhouse, and of rendering them useful and industrious members of society. The average expense of a lunatic in St. Luke's was, some years ago, about £46 18*s.* 3*d.* He might be maintained at one third of this expense at an establishment similar to that at Gheel, and have almost a certain prospect of being cured, while the disease was yet curable.

The same plan, as I have already stated, should be adopted by the governors of the Edinburgh Charity Workhouse." Such is the opinion of one contemplating the condition of the insane in 1827.

During all the preceding history of Gheel there is no account of any efficient system of general superintendence, without which it would be surprising if errors and crimes, each injurious to the patients, were not frequent. And no doubt, during these previous centuries, scenes of shocking cruelty were occurring every now and then, owing to the comparatively slight responsibility as to judicious and kind treatment which attached to the keepers. Thus far, however, things had, so to speak, followed their own course of development, without any adequate, disinterested authority to repress abuses or to encourage what was good; and it was not till very recently that any attempt was made to reclaim and bring under cultivation by a judicious superintendence this strange moral wilderness which had been growing up unheeded and almost unknown.

One great improvement took place spontaneously, or, rather, as one of the results of the Reformation. The superstitious ideas connected with the cause and cure of insanity gradually waned, and the ordeal of St. Dymphna ceased to be regarded as a necessary part of its treatment. Accordingly, we find Esquirol relating that "M. le recteur de la paroisse" lamented the falling away from faith and religious feeling which characterised the conduct of his parishioners; and since his time this initiatory rites have become rare in their occurrence.

We have now to record the arrival of that great revolution in Gheel by which it has acquired what was most needed—an efficient medical superintendence. M. Guislain, whose name deserves to be mentioned along with those of Pinel, Esquirol, and Conolly, as a worthy associate in their philanthropic labours, made Gheel a subject of examination. The result, however, was likely at first to have been unfortunate, for the numerous abuses which he discovered induced him to condemn the whole system. Another inquiry was, happily, the only immediate result, and the commission, by the reports of M. Ducpétiaux, while agreeing in the condemnation of the abuses, expressed itself as in favour of the system, and suggested the appointment of a duly organized medical superintendence, under the control of the state. In 1851, M. Parigot, who has since become the most eminent advocate of the system, was appointed the resident medical superintendent,* and since that time a most remarkable improvement has taken place in the condition of the lunatics. The law which inaugurated this state of things contains

* For those interested in the subject, we may mention that one of the most readable statements of the merits of Gheel is 'L'Air Libre et la Vie de Famille dans la commune de Gheel,' par le Dr. J. Parigot, Bruxelles, 1852.

many wise and important regulations, and though the entire document is possessed of more or less interest, it would occupy too much space to give it in the complete form. Its general tenor may, however, be gathered from the following *résumé* and extracts.

The first part of the law refers to the general superintending body, called the superior commission. This has the governor of the province, or his deputy, for president, and consists of a certain number of the principal state officials of the district, with nearly an equal number elected by the inhabitants of Gheel. The superior commission appoints a committee of five, whose function is to control the general administration and finances. A paid resident secretary keeps the records of both these bodies.

The medical administration is divided into three sections, to each of which is attached a medical officer. A medical inspector superintends all, and is appointed by the minister of justice. He writes the general reports, grants certificates of cure, and performs generally the duties of medical superintendent. The sectional physicians visit, at least once a week, all the lunatics in their several districts; and, when necessary, or when requested by the *nourriciers* (as those receiving insane lodgers are called), by the committee, the secretary, or the medical inspector. They make reports quarterly to the inspector, which, accompanied by his comments, are sent to the superior commission. Patients may be placed under the care of private practitioners, who agree to submit to the same regulations with regard to them as are laid down for the sectional physicians.

There is established an infirmary, to which the medical attendants can send their patients, with the sanction of the inspector.

Unsuitable patients are excluded by Article 27, by which it is enacted, that "There may be placed in the commune of Gheel lunatics of all classes, *except* those who require continual restraint or coercion; suicidal, homicidal, and incendiary lunatics; those whose escapes shall have been frequent, or whose disease is of such a nature as to infringe upon public peace or decency."

A list is to be kept of those whose characters and dwellings are considered by the authorities as sufficient to qualify them as *nourriciers*, and must include the names of those at present under their care.

Patients of different sexes are not allowed to board with the same *nourricier*, unless with the special sanction of the superior commission.

Each lunatic is placed specially under the charge of the *nourricier* with whom he lodges, who is responsible for any injury done by the patient; and, "except in a case of emergency or of extreme violence, he must not use towards him any measure of restraint, such as seclusion, the employment of straps, the belt, or the *camisole*

de force, without having been previously authorised by the sectional physician, who reports it to the inspector."

Every *nourricier* who infringes any of the foregoing laws, who maltreats a patient, or who refuses or neglects to obey the orders of the superior commission, the committee, or the physicians, shall have his licence to receive lunatics taken from him.

The rates of board are fixed by a royal decree. They are based on a minimum, calculated for the necessary expenses for the board and treatment of lunatics. It may comprise several classes of rates, according to what is required for the proper treatment of the different classes of patients, as quiet, excited, dirty, &c. The boards of lunatics placed in Gheel by their families or by private persons may be arranged by private bargain with the *nourriciers,* provided always that they do not fall below the minimum fixed by this tariff.

Prizes and recompenses are to be awarded to *nourriciers* who distinguish themselves by their humanity and the care they take of their patients. A chaplain is attached to the establishment, for the benefit of the patients. Those patients who attend public worship in the churches of the commune, unless when notorious for their orderly and decent conduct, should be accompanied by their *nourriciers.*

The superior commission were, by a clause in this act, empowered to arrange with the local magistracy for the publication of by-laws for the further regulations between the lunatics and their nurses.

These by-laws were published in December, 1852, and contain some additional arrangements for the more complete superintendence of the treatment of the patients. A minimum dietary is fixed, and the committee is authorised to fix the hours of meals. *Infirmiers gardes de section,* or head attendants, are appointed to assist each sectional physician. The frequenting of public houses is interdicted to patients; "there is exception made only for lunatics who are quiet and conduct themselves decently; they may enter for the purchase of refreshment, but in all cases spirituous liquors are prohibited." Details as to clothing, bedding, furniture, &c., are all gone into; but I fear I have occupied too much space already with this branch of my subject. Suffice it to say that the regulations are both judicious and comprehensive.

From this sketch of its origin and rise, and the modifying circumstances which have from time to time influenced its condition, the reader is prepared intelligently to visit Gheel, or, as a substitute, to follow the description of my sojourn there. This I shall attempt to give in as impartial a manner as possible; for though I do not come forward as the advocate of the Gheelese system in opposition to our own asylum system, neither have I any inclination or interest to serve by exaggerating its defects.

The journey from Brussels to Gheel can be performed by railway, with the exception of the last eight miles between Herenthals and Gheel, which is travelled by omnibus. Accordingly, I left Brussels on the 22d of last June, by the early train, and arrived in Gheel about eleven in the forenoon. After a comfortable breakfast in the cleanly and cheerful "Armes de Turnhout," I sallied forth in search of Dr. Bulckens, the present medical inspector. While receiving instructions from mine host as to the whereabouts of the inspector's residence, "voila M. le Docteur," standing almost in front of the inn, conversing with another gentleman. I accordingly approached and presented a letter of introduction from Dr. Coxe, which rendered unnecessary the card of M. Ducpétiaux, with which that gentleman had kindly furnished me, and which served as a "passe partout" in all the Belgian asylums which I visited. Dr. Bulckens received me very cordially, and introduced me to M. le Baron, or, as he prefers being called, M. le Docteur Mundy, a gentleman who had been residing at Gheel for several weeks with the same purpose as my briefer visit was intended to serve, and for whose kindness to one only bound to him by the ties of a common interest in science I cannot be sufficiently grateful. Both these gentlemen at once offered me all the assistance in their power to enable me to attain my object, and proposed that we should then and there commence our exploration by a general survey of the town, so that I might comprehend its topography. A detailed account of my wanderings during the following few days is unnecessary, and would be tedious. I may state, however, that I traversed over and over again the principal parts; and, with the exception of the outlying barren heaths which surround the district, I visited almost every part of the town and its environs. Let me also take this opportunity of thanking Dr. Bulckens for the untiring amiability with which he put his time and information at my disposal during my residence. I shall, however, avoid allowing my feelings of gratitude to induce me to paint the merits of Gheel in *couleur de rose*, or to touch more gently than they deserve on what I regard as its demerits.

The general aspect of the town produces a favorable impression on the visitor. Under the influence of the fine weather which continued during my sojourn, the streets had in general that air of cheerfulness and tranquillity which appears to me to be a common feature of thriving Belgian villages. The special characteristics which mark it as a lunatic colony are not apparent on a cursory examination. Indeed it is with perfect truth that M. Duval remarked, that "if one arrived at Gheel even immediately on leaving an establishment for lunatics, without being previously informed of the special phenomena which characterise the locality, there would be a great chance that nothing would reveal the secret. Everything appears to take place as it would in other rural localities.

The streets calm or slightly animated, according to the day and the hour; some inquiring faces at the windows, people employed in the gardens, some rare idlers in the market-place or in the *cabarets*, a tranquil aspect without the appearance of active life or business; the monotony and silence of a village. Such is the surface. But if the traveller is in quest of an eccentric colony about which his curiosity has been excited, or if, as a *médecin aliéniste*, he is familiar with the symptoms of insanity, he will observe here and there certain peculiarities somewhat odd; a passer-by who lavishes his bows and smiles; a loiterer absorbed in solitary meditation, having the eye fixed on the ground, or wandering towards the heavens; a careless fellow who stumbles against him. He has not been deceived; he is indeed in the metropolis of lunacy."

Perhaps the most direct method of recording the observations I was able to make on a more detailed examination of the place is to attempt a systematic answer to the question, what did I find to be the condition of Gheel and its inhabitants?

First, then, with regard to the condition of the sane inhabitants. They number about 11,000, counting the town and its vicinity. The common language is the Wallon dialect of the Flemish, but many of those living in the town speak French. The general standard of education does not appear to be high, though it is said to be similar to that of other small Belgian towns. As far as I could observe, the habits of the people supported their character for industry; their occupations appeared, however, to be purely those of an agricultural village, no manufactures being produced for any extra-Gheelese market, except the so-called Brussels lace, which is made by many of the women. Food appeared to be plentiful, though poor in quality; and the houses and persons of the people were, on the whole, cleanly, more so than I have seen similar populations in Ireland, but less so than those of the English agricultural peasantry. Where cleanliness was deficient, it appeared to be, to a great extent, accounted for by the rudeness of the internal architecture and furnishing of the houses. Many of the houses, however, were neat cottages, by no means warranting the remark of Dr. Stevens, that "a Flemish mechanic or labourer's tenement is the nakedest of all bald habitations."

The most interesting and, to us, the most important inquiry is, regarding the condition of the insane portion of the population. This consists, at present, of about 800 lunatics. On my first arrival I could not detect signs of mental aberration in any of the loiterers about the streets, but, under the guidance of my friends, Drs. Bulckens and De Mundy, I soon made the acquaintance of a large number. I saw many during my walks with those gentlemen; but I devoted the greater part of one day to solitary rambles, during which I took the liberty of entering any house that struck my fancy,

and being invariably courteously received, I was able to test the truth of the general impressions produced by what I saw under my official guidance. From what I saw, I have every reason to believe in the thoroughly trustworthy nature of the reports of Dr. Bulckens. The patients appeared generally to be in good health, and, as far as a short residence can determine, they are well cared for. One thing which, in such a place, must speak strongly as to the character of the administration, is the fact, that the worthy medical inspector appears to be a favorite with his patients. From what I could observe, I believe, however, that the superintendence with the present staff cannot be as efficient as in a well-regulated asylum; and, considering the class of cases, this certainly should be improved. I am far from imputing any blame to the staff for negligence; on the contrary, it appeared to me surprising that I could not discover more to find fault with, considering the scattered condition of their charge. The patients appeared generally cleanly in their persons, though neither in that particular, nor in a more marked degree in regard to the beds of either the clean or the dirty patients, could a comparison be risked with a well-regulated British asylum, nor with such as either of the excellent institutions in Ghent. As to food, I believe that the supply is equal to that of the same class in Belgium, and that in this, as in most other respects, most of the patients are treated as members of the families. The allowance required by law is, per diem, about seventeen ounces of bread and five ounces of butcher's meat, for males; and fourteen ounces and four ounces, respectively, for females. It is evident, however, from the large use of vegetables among the inhabitants, and from the discomfort which, in most cases, must arise to the *nourricier*, if he have to deal with a hungry lodger, that it cannot frequently occur that they are stinted in their diet. There are some cases, indeed, among the demented, especially when they are offensive in their habits, who must almost inevitably suffer, unless where the *nourriciers* are almost superhumanly patient, kind, and conscientious. Intimately connected with the sufficiency of food is the health of a community, and in this particular I think that Gheel contrasts favorably with most asylums. The free access to the open air, which is unavoidable in an agricultural village, has, I have no doubt, a great influence in producing this effect; the facility with which the larger number get out of doors, or retire again under shelter, being necessarily greater than it can be in an asylum. The low rate of mortality is creditable, as shown by the last four years, which give only 7 per cent. of deaths, though an average of eight cases of general paralysis and nine of epilepsy are admitted annually. A large number of patients belong to that demented class who are mentally incapable of much useful labour; and from that cause, and the shortness of my visit, I was unable to form any trustworthy idea of the tendency of the system to encourage industrious habits. The

report states that 515 are employed, which leaves 285 idlers. Many sick patients were obviously unsuitable for cottage treatment, such cases as general paralytics being, perhaps, the most striking examples. This defect will be obviated to a great extent, however, when the handsome infirmary, now in course of erection, is ready for use. A large number of cases are necessarily left very much to themselves, and probably many of those most unsuitable for such treatment. The sleeping accommodation of those patients whose bedrooms I examined was, in most cases, restricted as to size, the rooms being generally about the dimensions of the single rooms of our county asylums. The beds of the cleanly patients were generally comfortable, and frequently neat, and of the same description as those of their hosts.

On of the agreeable features of the place is the general contentment manifested by the insane. In very few cases, indeed, did they complain of the injustice of their detention, though questioned on the subject. The comparative liberty, or "free air," as M. Parigot terms it, was evidently valued by them as a great privilege, more especially among those who had been previously resident in asylums. In one case, that of a young man, an imbecile, who had been confined in M. Guislain's asylum at Ghent, I was particularly struck with this. He was one of those subjected to mechanical restraint—a subject to which I have still to allude. He had a leather belt round his waist, to which his arms were loosely strapped, to prevent his tearing his clothes. I asked him whether he did not find this restraint very irksome, to which he replied in the affirmative. I then asked him why he was thus strapped, and received a very simple, straightforward answer, giving the true reason. In my next inquiry, I asked whether he had worn these things at Ghent? and he said "No." "Then," said I, "would you not rather live there? they were kind to you, were they not?" "Yes," replied he, "but I prefer being allowed to walk about as I like." This was strong evidence of his opinion of the free air; whether he was not more likely to be benefited in the asylum is another question. Many of the patients were observed in mechanical restraint, of one form or another. The report states that, on the 31st of December, 1859, there were sixty-eight thus restrained. One of those whom I saw was an epileptic maniac, who was confined in the *camisole*, and fastened to his bed, where, apparently, he was left alone during most of the time that the violent excitement lasted. The greater number were restrained by anklets, fastened together by a chain, which, as well as the anklets, is bound in leather, to prevent the unpleasant appearance and jingling of the chain, and to avoid the anklets hurting the wearer. This form of restraint is employed in those cases where there is a disposition to wander to a great distance, or a determination to escape. Others wore a belt, to which their arms

were strapped, as in the case of the young man whom I have described above; some wore both belt and anklets. The statistics of restraint in the report previously quoted give fifty-one as wearing anklets, twelve as wearing the belt, three as wearing both anklets and belt, and two as being in the *camisole*. This extensive use of restraint appears to me to result from the practice of sending many cases to Gheel which are not suitable for treatment there. The use of the *camisole* could probably be avoided, if the infirmary were in working order.

The mistake of sending unsuitable cases for treatment is, to my mind, the most fruitful cause of the present defects of Gheel. Demented patients, of dirty habits, form a considerable proportion of the population, and, from what I saw, I have no doubt of the impropriety of subjecting them to cottage treatment. Proper attention to them at night is impossible; and I satisfied myself by observation, that their beds are by no means so cleanly as those for similar patients in any well-regulated asylum. The condition of these patients during the day must also be unsatisfactory, as there are no baths in which they can receive that thorough daily cleansing, which is indispensable for their health and comfort. Cases of moral insanity are also occasionally sent, and must rarely be found suitable. One woman whom I saw had been admitted recently, but she was far too fond of indulging her own inclinations to submit to any discipline that was not backed by an unmistakeable display of power to enforce it. Accordingly, she permitted her quarrelsome temper to involve her in squabbles, from the consequences of which she tried to protect herself by flight. She was abusive to all who opposed her, and a source of alarm to many. To diminish her power of aggression, and to impede subsequent attempts to escape, anklets were resorted to. Even this failed to make her manageable, so that during my visit Dr. Bulckens determined to have her removed to an asylum.

As far as I could judge from the histories of the cases which I saw, I formed the opinion that two classes of cases, more than any other, derive benefit from this system. One class comprises the milder forms of acute mania, many of which may be successfully treated, though, at first sight, it might appear that their excitement would require that they should be more closely confined, as a protection to themselves and others. The other class consists of partially demented cases who have, either through old age or from other causes, fallen into a second childhood. When such a patient is of the male sex, he receives much more suitable care and attention from a kindly cottar's wife than is possible even from a conscientious and experienced male attendant; and when there are children in the family, the evident happiness which results from their playful intimacy with their broken-minded friend, either male or female, lights up, as nothing else can do, the clouded remnant of their

mental life. No doubt there are cases among the examples of delusional insanity who are happier and better at Gheel than they would be in an asylum; but any observations which I made would not justify me in trying to show which classes were suitable, and which were not so. There were many, the nature of whose delusions would have led me, *à priori*, to have declared them unsuitable, who led happy, inoffensive lives, and were found among the most industrious inhabitants. Such were some of the cases of monomania of pride, where, for example, the patient believed herself to be a countess, but was, withal, an excellent farm-servant. For such cases it would be extremely difficult to lay down any rule by which we could separate the fit from the unfit, except the clumsy one of giving each case a short trial.

I must, while recording other observations, not forget to allude to the present influence of St. Dymphna in the colony. I believe that faith in the curative efficacy of the *neuvaine* still exists in the minds of a few, and consequently it continues to be practised, though the occasions are few and far between. There does not exist any general belief in her power, beyond that amount of faith which each individual may have in the effective intercessions of the saints, and which must continue as long as Roman Catholicism is the religion of the country.

There is another subject about which I attempted to form an opinion while in the district of the Campine, and it is one of much importance in any consideration of the benefit conferred by this system of treatment of the insane. Does the accumulation of lunatics for generation after generation in one place not injuriously affect the mental character of their hereditary guardians? It has been stated, for instance, that the Gheelois are a stupid, imbecile race, degenerating rapidly to the same condition as the strangers so long resident among them. This idea I believe to be utterly unfounded. The ordinary population of Gheel are, on the whole, an intelligent and courteous peasantry, and possessed of features quite as expressive of healthy mental activity as are seen in the neighbouring towns. I compared them especially with the inhabitants of Herenthals, and, both among the children and the adults, Gheel was at least equal to its less celebrated neighbour. The settlement of this question, however, does not rest on vague statements, and the more exact method only corroborates the *prima facie* presumption. If this physical deterioration had really been taking place, it would have shown itself in the spread of local lunacy. The number of insane natives of Gheel would bear a larger proportion to the total population than in other parts of Belgium. The state of the case at present is that there are four men and seven women insane out of the 11,000 inhabitants—a proportion which is surpassed by other places, such as Bruges or Malines.

This fact has another important bearing, as it argues the absence of any great immorality among the insane at Gheel, as its existence would soon increase the proportion by the birth of imbecile progeny. Within the last four years there has been one such birth, the mother being a deaf mute; but it is well to know that there has only been one such case.

Having now glanced at the history of Gheel, and given account of what, from personal inspection, I believe to be its present condition, a foundation has been laid upon which to base the consideration of the merits of the cottage system as far as it is there illustrated. It will be admitted by all who are familiar with the treatment of the insane, that there are many cases which can never be so efficiently treated in the private dwellings even of experienced attendants, as in the wards of an hospital specially erected for the purpose. Dr. Wynter,* in an otherwise excellent article, when advocating increased freedom for the insane, says:—"The strait-waistcoat is the narrowest zone of confinement, and the padded room but a little wider. Next to these comes the locked gallery for a class; then the encircling high wall for the entire lunatic community; and lastly, that aërial barrier, the parole, for those who can be trusted to go beyond the asylum. The efforts of philanthropists will not, we are convinced, cease until all the methods of confinement, down to the parole, are removed; or at least so disguised as to hinder their present irritating action upon the inmates." This surpasses even Dr. Parigot's admiration of *l'air libre*, and, if true, suggests the hope that the zeal of philanthropists may flag before they succeed in effecting such a result. We may as soon expect fracture of the femur to be cured while the patient is allowed to walk about as much as he may wish, as that many forms of insanity should be cured without confinement. Besides, it is not true that the milder methods of restraint are irritating to every insane mind. The very opposite is frequently the case. A few weeks since a man, labouring under melancholia, walked out to this asylum (Morningside), with the order for his detention in his pocket. A friend who accompanied him said that the patient did not require to be forced to come out; and that, in fact, his great anxiety was to get within the protection of the asylum walls; but that he wished a friend to come and deliver him to the asylum authorities, as he supposed such a form was necessary. In this case the greatest source of irritation was removed when the man felt that he was deprived of liberty of action. Many such cases have occurred within my own experience, and many more must suggest themselves to any one engaged in asylum practice. A gentleman lately applied to Dr. Skae to be admitted as a patient. Dr. Skae got a professional brother to take charge of the necessary legal arrangements, without

* 'Quarterly Review,' 1857, republished in the 'Curiosities of Civilization.'

which he could not be received. This was in the evening; the forms could not be completed till the following day; and in the morning the unfortunate man was found dead in bed, having cut his throat during the night. The effects of this suicidal tendency may be guarded against in an asylum; and the feeling of safety and relief from fear which follows the entrance into a refuge where there are those who have both the will and the *power* to protect is often sufficient to remove the impulse to self-destruction. It may be said that such cases form a very small proportion of the inmates of asylums, but instances are of daily occurrence where persons who would not spontaneously resign their liberty become soothed and tranquillised almost immediately when they feel the heavy load of their own responsibility taken away. This can only be effected by depriving them of their liberty of action, and even then the salutary effect is lost if the restraint is "disguised." It is unnecessary here to refer to those cases such as the acutely maniacal, and others, who can sustain no injury from a condition whose nature they are unable to appreciate. In them the restraint of the parole is impossible, and the possession of complete liberty implies criminal neglect on the part of the friends or the state. From these and other considerations it must be evident that the system pursued at Gheel is inadmissible for the treatment of many mental affections.

The reasons for the propriety of confinement in an hospital or asylum are much more frequently to prevent injury to than by the patient. Frequently it is necessary to remove him from home to save him from kind but injudicious friends; more frequently it is needful to rescue him from the danger arising from his own morbid impulses and desires. The history of Gheel affords numerous instances of the powerlessness of its organization to control these tendencies in their more violent forms. I have not access to the complete statistics of the subject, but I find M. Moreau recording a suicide in 1840, and another in 1841. Dr. Cumming, writing in 1852, even after the passing of the law which excludes suicidal cases, says:—"Within the last three years there have been only two cases of suicide;" and Dr. Bulckens, in his last report, mentions two suicides by strangulation occurring in 1859 in females labouring under melancholia. These facts alone show a much greater frequency of suicides than will be found in any ordinary asylum, and I think that this is an evidence not only of the greater difficulty of efficiently superintending such a community, but also that under the particular system the impulse to suicide, and similar morbid emotions, are less likely to be curatively counteracted than in asylums arranged according to the present prevailing system. I believe that all asylum superintendents in this country will endorse

the statement that these emotions become much less powerful after the sufferer is placed under asylum discipline. During the past year, twenty-five patients were admitted into the Royal Edinburgh Asylum who had made suicidal attempts, and thirty-seven who were stated to be strongly impelled to attempt it, yet none have made the slightest attempt since admission, and few have any strongly developed impulse.

There are some demented patients who might be otherwise suitable for treatment at Gheel, but who exhibit occasional paroxysms of violence. These, on account of their dementia, would require to be very carefully selected, if it was thought desirable to place them under such a *régime*. The excitement is in some cases of a harmless nature; but in others there is a tendency to incendiarism, or other destructive practices, which would necessarily render them unfit. Nothing but a knowledge of the peculiarities of each case could guide the selection. In those partially demented cases, whose contentment and apparent happiness I alluded to in the account of my visit, there is commonly a gradual degeneracy which would require to be carefully watched, so that they might be removed when necessary to a more suitable lodgment. The supervention of dirty habits should at once be followed by removal. For the reasons already stated, I believe that all dirty patients are unfit for cottage treatment.

A most important element in the curative treatment of the insane is the correction of the various depraved or detrimental habits to which they are frequently so prone. For much of this, I fear, the system under consideration will be found inadequate. There are two principal grounds for this opinion. One depends on the nature of the relation between each patient and his *nourricier*. The patient is placed with a cottager as a boarder, and the principle of his treatment must be chiefly to keep him in good humour, as the easiest way of managing and making him useful by his labour. Now there are many habits and many ideas which are cherished by patients, which are not very obnoxious to those with whom they are associated, but which it is not the less necessary to try to remove, in order to promote recovery. These must be very liable in a peasant's family to be treated too much on the plan of *quieta non movere;* so long as present usefulness or harmlessness is preserved, the promotion of ultimate benefit will be lost sight of. The *nourricier* will encourage his lodger in what is most convenient, rather than in what is most beneficial. It has been said by some who are enthusiastic in their admiration of the advantages of Gheel, that in ordinary asylums the development of delusions is more likely, from the close intercourse which each patient necessarily maintains with a great number of fellow-sufferers, whose fantastic ideas may originate similar conceits

in his own mind. M. Moreau[1] says on this subject: "Taking as serious all which they hear said, or see done, the mania of some reacts on that of others. The excitement is reciprocal. The fury of the maniac is exasperated, the chimerical fears of the melancholic are aggravated. I had," continues M. Moreau, "a few months since, in my wards at the Bicêtre, a maniac with ideas of ambition and pride. He recovered his health, and I sent him home to his family. A short time after, I learned that this patient often spoke of another inmate who was placed in the same ward with him, and whose insanity had a strong resemblance to his own. He spoke of the magnificent promises which this person had made to him. 'He was,' said he, 'a prodigiously rich and powerful man; he was a universal genius,' &c. It was necessary soon to remove him to the Bicêtre, where he still remains." In this case, instead of M. Moreau's explanation, it appears quite as probable, that the sight of a man of similar pretensions had been the cause of the temporary dislodgement of his own delusions, and the consequent appearance of cure. Many parallel cases occur. One, in which the narrator adopts this latter explanation, is alluded to in the *Times* of February 2d; and although I must apologise for stepping out of the pure domain of scientific literature for such a fact, I give it merely as an illustration of everyday experience. "Only a few weeks since it happened that, in one of the lunatic asylums near London, a man was confined who was under the not very uncommon delusion that he was Emperor of China. He was in the full enjoyment of his imaginary grandeur, when one day a new arrival in a flowered dressing-gown, and several peacock's feathers in his cap, marched up the common room in tremendous state. The old emperor was first indignant, and then observant of the new pretender; then he became quietly uncomfortable; and at last he communicated to the doctor that he gave the whole thing up, for, as the emperor was played by the new comer, the farce was too absurd, and there must be something wrong about it." Cases of this kind have come under my own observation, and must be of frequent occurrence in all asylums. I believe, however, that of neither the hospital nor the cottage system can it be said that it is the best adapted for cases of insanity characterised by fixed delusions, but that, in some cases, the former will be found most useful, and in others the latter.

The most obvious defect of Gheel, as it at present exists, is the inadequate amount of medical superintendence. To inspect regularly and watch the progress of 800 insane persons, scattered over a district nine miles in diameter, is more than the present staff can overtake. Dr. Bulckens ought to have additional medical assistance, and more especially a much larger number of *gardes de sections*. Either a medical officer or an intelligent *garde* ought to see each

[1] Op. cit.

nourricier and his patients daily, so as to be able to direct the treatment, or report it to the superintendent. With the present staff this is impossible. Consequently two important evils must result; those cases which pass into forms requiring immediate attention and treatment are liable to be neglected, and instances of intentional or unintentional cruelty must pass undiscovered. The close attention which is necessary to obviate these occurrences even in a compact asylum establishes the unquestionable truth of this. With a largely increased staff, however, these objections would vanish; the fault is not in the system, but in the present organization at Gheel.*

The increased staff would also, as Dr. Parigot suggests, diminish the present necessity for the employment of much of the restraint which makes the appearance of Gheel worse than the prison-like aspect of some asylums. The accidents, such as pregnancies and escapes, which are even now surprisingly few, would also be diminished in number by a more complete establishment for the purposes of superintendence.

Hitherto I have directed attention chiefly to the defective side of the system; but there is a reverse to every medal, and the brighter side of this is not less important than the other. There are many ways in which it fulfils indications of treatment better than the system hitherto in vogue.

A strong adjunct to all improvements in the remedial management of insanity is obtained, if the public mind can be induced to regard the place set apart for its treatment and the afflicted inmates with less fear and dislike than is still, unfortunately, too general. The cottage system would be valuable on this account, if on no other. Dr. Bucknill's experience of a partial introduction of the principle in the branch asylum at Exmouth led him to record its utility for that purpose. "Thus," he says ('Eleventh Annual Report of the Devon Asylum'), "men at large have been taught that their brethren, whose liberty is restricted on account of mental disease, are not the fierce and repulsive objects which authorised fiction has represented them. Rational and humane sympathy is thus encouraged. The progress towards a better feeling, fruitful in blessings to the insane, is not without profit to the public mind which it honours. All men are liable to the attack of mental disease, and therefore all participate in the amelioration of its miseries. But the individuals most liable to insanity are those whose weak nerves most subject them to selfish panic, and whose ill-trained minds are most liable to unreasonable

* It is impossible to determine by statistics what has been the value of Gheel as a place of cure. Ninety-six recoveries took place during the four years preceding 1860, and during that time there were five hundred and twenty-seven admissions, making a proportion of 18 per cent. recovered. The fact, that patients labouring under various curable forms of insanity are excluded from the colony, vitiates any deduction which might be made from this calculation, with the view of making a comparison with other establishments.

prejudice. I have known more than one person become insane from the fear of insanity. To such persons it is an actual measure of security that the veil should be torn aside from the fancied horrors of the mad-house. It is thus that the more unrestrained intercourse between the inmates of asylums and the outer world—it is thus that the Exmouth Asylum, and its free social life, differing little from a large private family—are calculated to promote the wholesome change which is taking place in the public mind on the subject of mental disease." For this purpose nothing can be conceived more appropriate than the adoption, for suitable cases, of the system exemplified at Gheel.

There are many patients in asylums whose chief cause of misery is their anxiety for liberty; and this feeling is kept up in a large institution by the mutual action of all who find the deprivation to be a cause of irritation. The dissimilarity of the mode of life in an asylum from that to which they have been previously accustomed, and the appearance of their habitation—part palace, part barrack, part prison, in some instances surrounded with a high boundary wall—all combine to impress such minds with sensations of so injurious a nature, that the removal of these impressions forms an important element in the details of asylum management. To be boarded in a cottage with a family of his own rank of life, joining in the family meals, to watch the amusements or the employments of the children, to take a part in the various incidents of home life, with the probability of having healthy affections and emotions excited by the social relations between himself and his new friends, and to mix little with any who would be likely to encourage feelings of discontent, would afford to such cases all the advantages which the most benevolent philanthropy could devise. In all those forms of insanity characterised by excitement and elevation of spirits, unless when the hurry of ideas or their absorbing interest prevent the mind from taking cognisance of external objects, there is a tendency to resist restraint of any kind, and the more obvious the restraint the more determined the resistance; the inference from which is that, in many cases, the milder means of control are the least injurious, most efficient. An illustration of this is recorded by Dr. Webster, who tells of a violent maniac, who had been brought to Gheel "tightly bound down with ropes to a hand-barrow," and guarded by two men, thought necessary to ensure safety, who permitted himself to be led about contentedly by a child of his *nourricier*. That there are many such cases whose burden is lightened by the treatment at Gheel there can be no doubt. The more recent cases are not the only ones which benefit by it. The good-tempered demented patients, as well as several other chronic cases, may frequently be much improved by such treatment, and as a means of promoting convalescence it is a very valuable agent. Dr. Bucknill, in the report I have last quoted, says that "to convalescing

patients the advantages have been still greater. A change, at the proper time, from the great asylum to the little colony has in several instances given a fresh impetus to improvement, and consolidated recovery. Not unfrequently patients improve up to a certain point, and then become stationary." I believe that, for this purpose, the employment of the cottage system would prove as useful as for any other. For those whose convalescence is doubtful, it would also be of great service by affording an opportunity of a short probation, by which cases whose complete discharge appears of doubtful propriety, might be tested, and either replaced in the asylum or ultimately discharged, according as the result of the experiment dictated. In almost all cases of recovery, a short cottage residence would be useful. "It appears," as Dr. Bucknill remarks, "to break the sudden jump from a life of dependence to one of freedom and effort—too often one of turmoil and distress."

If this review of the advantages of the cottage system as found at Gheel be correct, it becomes imperative on all those who are about either to extend existing asylums or build new ones, that they should consider these advantages carefully, and incorporate the cottage system, as far as it is valuable, into their arrangements. Nearly all those who have visited Gheel have recognised to a greater or less extent that it possesses many advantages. It has at least taught us that the reform begun by Pinel and Tuke is not yet complete; that though insanity has been raised from the degradation of a crime to the rank of a disease, the afflicted victim is still treated too much as if he were a prisoner; though the fetters which disgraced humanity have been struck off, there is still much to be done before the sufferers will be raised to that social standing which many are both able and worthy to occupy.

We now come to the important practical question, What is the best mode of carrying out practically the improvements suggested in the foregoing disquisition? The attempt may be made either by a modification of the practice followed at Gheel, or by an actual copying of the system, or by a combination of both.

One plan by which an approximation has been made to the cottage system consists in building detached houses, in which a number of the quiet and industrious patients are placed, and where the arrangements are made to resemble as much as possible the homely character of private life. This has been done in several English asylums. At Lancaster there is a very good and useful supplement to the County Asylum, in a separate building, where a number of the tradesmen both live and work, and where they are greatly relieved from the feeling of restraint necessarily occasioned by the arrangements of the main building. I understand that the experiment has been found to work exceedingly well. The new house at the Devon County Asylum has been constructed very much on a similar principle; and

the experience gained at the Exmouth branch has, I do not doubt, been confirmed since the opening of the new building. Following the example set by Devon, two large additions have been made to the Chester asylum, one for a hundred males, and the other for a hundred females, the former completely detached from the main building, and the latter nearly so. These are "especially intended for patients of the quiet class, convalescing cases, and those giving comparatively little trouble. The male building contains the majority of those who are employed about the farm." Two private dwelling-houses in the grounds of the Aberdeen asylum have been recently occupied by quiet patients; but not having been built for the purpose, they have little more to recommend their present application than the mere fact of not resembling a barrack or a hospital. They did not convey to me, when visiting the Aberdeen asylum recently, any idea of an increase of comfort over the central asylum, and must be more inconvenient and expensive to manage.

A somewhat similar experiment was originated by M. Ferrus, in that offshoot of the Bicêtre at Paris, called the Farm of St. Anne. In this establishment a number of the demented and imbecile patients are associated in detached buildings along with several superannuated paupers not labouring under mental disease. They are employed in the management of a large piggery, where the stock is fed from the refuse of the Parisian hospitals. The result of this experiment has not been very satisfactory. There is no attempt made to introduce into the arrangements any of the home comforts which might be infused into such a system. Neither the occupations of the inhabitants nor the arrangements of the buildings are likely to produce such a condition.

In several asylums the higher class of patients have been partially placed in cottages where a certain amount of resemblance to private lodgings has been attempted, and generally the experiment has proved successful. The *établissement Esquirol*, at Ivry, near Paris, to which I obtained admission through the kindness of M. Moreau, and whose resident superintendent, Dr. Marcet, very obligingly accompanied me through the asylum, illustrates this form in its most extensive development. This institution is of remarkable interest, having been Esquirol's own private asylum, and being now in the hands of two men so distinguished as MM. Moreau and Baillarger. The examination of the different departments is a historical study, where there are illustrated, within a small space, what *were* the enlarged views of Esquirol, and what are now the enlarged views of its present manager. The most recent additions have been in the form of cottages or separate houses, so arranged that, though each contains more than one patient, yet every patient has a separate entrance-door, opening on a garden which is for his own private use. These dwellings do not contain any culinary arrangements; but, to the French, that does

not militate against the home feeling, as they are so much accustomed to take their meals at the *restaurant* or the *café*. They feel it to be nothing unpleasant or unusual to walk to the central building, where they join the *table d'hôte*, or otherwise, according to the wishes of the physician. At the Royal Edinburgh Asylum, a cottage formerly occupied as a private country residence, and situated at the extremity of the grounds furthest removed from the central building, has been used as a supplement to the higher-class department. A few gentlemen live there in a homely way, with their attendants, unannoyed by the locked doors and other peculiarities of a large institution; and the kitchen department is managed entirely by one housekeeper or cook, who is assisted by two quiet or convalescent patients from the pauper asylum. Two cottages for a similar purpose have just been erected in connexion with the Crichton Institution, at Dumfries. Somewhat resembling these is the establishment at Vanvres, within a short distance of Paris, superintended by Drs. Falret and Voisin. The so-called colony of Fitz-James, which has been in operation since 1847, appears to consist of detached buildings (not cottages) situated on a farm. It acts as a kind of diverticulum to the asylum at Clermont. The quiet and orderly patients lodged at Fitz-James are employed chiefly in agricultural labour. I have not visited the establishment, but from the report of its medical superintendent, Dr. Gustave Labitte, it seems to have proved very useful. In the best of the private asylums for high-class patients, the arrangements of a family are the model on which the accommodation of every patient is based, except in those cases where the nature of the malady renders such treatment impossible.

In no case is there a similar example to the system at Gheel, as applied to pauper patients, unless it is to be inferred that such exists from the notice in the October number of the 'Annales Medico-Psychologiques,' last year. It is there stated that Dr. Droste, of Osnabrück, has addressed the States-General of the kingdom of Hanover, to petition that the little colony of lunatics at Neusandhorst, near Aurich, should be enlarged and organized on the plan of Gheel. Unfortunately, I am otherwise unacquainted with this experiment. A plan was entered into by some of the parochial authorities in the West of Scotland, which was dictated by motives of the most miserable economy. By this means a large number of supposedly incurable cases were congregated in the island of Arran, where they were boarded with those of the inhabitants who would receive them for the lowest remuneration. The brutal manner in which these unfortunate victims were treated fills a sad page in the modern history of lunacy, and the indignation which it excited caused the whole colony to be swept away. I cannot help regretting that an attempt was not made to reform rather than to eradicate this community. Its existence afforded a most favorable

opportunity for an experiment in all respects similar to that at Gheel, with the additional advantage of being surrounded by that most complete of all natural boundaries, the sea. Many have supposed that there was to be found at Saragossa, in Spain, an agricultural settlement somewhat similar to Gheel. In Pinel's day it had a great reputation, but it has long ceased to deserve such. Dr. Jacobi, more than twenty years since, condemned the arrangements as bad; and in the recent work by M. Desmaisons, on the asylums of Spain, he describes that of Saragossa as "*un bâtiment moderne de la plus triste apparence*," where, out of nearly three hundred inmates, only ten are occupied in agricultural labour.

For the nearest approach to the home treatment of paupers, I must come back to Dr. Bucknill, at the Devon asylum. In the tenth annual report of that institution it is stated that a commencement was made "by placing a few selected patients in residence with cottagers in the immediate neighbourhood of the asylum." For this experiment, where an asylum and a village are in close vicinity, the circumstances naturally adapt themselves. The principles of this plan are well explained and commented on by Dr. Bucknill; and the accumulation of authoritative testimony must weigh so powerfully with those called upon to give practical effect to their opinion on this subject, that I make no apology for again quoting his remarks. He says that "the experience of past years has proved that some patients, who are perfectly reasonable when under the surveillance and gentle discipline exercised in an asylum, become decidedly insane upon their discharge. There are other patients who are always insane, but whose degree of insanity is so slight, that perpetual residence within the boundaries of an asylum is by no means needful, if they can advantageously be placed elsewhere. Experience has amply proved that if these patients are immediately discharged, various unfavorable influences are almost certain to occasion a rapid aggravation of their malady. In regard to a few such persons, the powers given by the 72d section of the 'Lunatic Asylums Act' have been put in force, and they have been discharged on trial, and boarded with neighbouring cottagers, selected as trustworthy and suitable persons. In several instances the women of these cottages have acquired some experience in the right management of the insane. Some of them have been employed as occasional attendants in the wards of the asylum; and others, having been attendants or domestics in the asylum, have married asylum artisans, or other persons living near. This experience has made them willing to accept, and qualified to undertake, the charge of such inmates of their houses. Both the patients, and the persons having charge of them, feel themselves under the eye of the medical superintendent, who visits them unexpectedly. The plan promises to work well. The patients are happy, and extremely satisfied with the arrangement." The most complete illustra-

tions of the best form of cottage treatment, are met with in small and good private asylums for the higher classes, but being foreign to the general object of these observations, I need scarcely allude to them.

We have now to try and determine in what form the cottage system and its modifications should be introduced either into the asylums which already exist or those which are yet to be erected. The testimony of the medical superintendents and Commissioners in Lunacy is both decided and satisfactory in regard to the use of the detached buildings, and is at least sufficient to establish the correctness of the principle. Many patients could be accommodated in such a plain style, who would be unfit for the more homely treatment in the bosom of a family. The success of such offshoots should render them acceptable elements in any plans which may be proposed in future. Where the architect has an entire asylum to plan, and is not merely called upon to supplement accommodation already existing, the erection of a detached building of simple construction should be recognised as advantageous. Where it is only wished that he should devise suitable additions to what has already been provided, he must of course be guided in a great measure by the character of that provision; but, for the extension of most of our public institutions, I believe that such buildings would be most desirable. The experience at Gheel, the Devon Asylum, and other places, also sufficiently shows the advantage of placing part of the population in cottages either within or outside the grounds of the institution.

With a view to determine the proportion which these kinds of accommodation should bear to the rest of an asylum, I have, with the aid of my colleagues, and by the light of the foregoing investigation, attempted to classify the patients at low rates of board in the asylum at Morningside, so as to solve this problem, as well as to discover the proportion of patients of each section whose wants might be provided for in this manner. The calculations have been made with a view to determine what number *would be benefited* by such a plan, and not merely those who might without impropriety be so accommodated. Though the table has been prepared with care, I present it with great diffidence, as there has been no opportunity of establishing its correctness by experiment. An attempt has been made to arrange the groups on principles of utility, rather than scientific rule. Consequently, those cases of recent mania in which the excitement is not very violent have been classed along with chronic mania. Acute mania, whether occurring as a single attack or periodically, is included under one head; and in considering the duration of the insanity, no distinction has been drawn between the different periods above thirty months. They are classified according to their several conditions on the 31st December, 1860.

Approximative Grouping of 603 *Patients in the Royal Edinburgh Asylum.*

	Suitable for a cottage.		Suitable for a detached building.		As well or better in the asylum.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.
Capability for useful labour:								
Tradesmen	8	0	22	0	15	0	45	0
Agricultural labourers	7	0	11	0	51	0	69	0
Able to assist in a household	8	28	9	45	35	109	52	182
Physically but not mentally incapable	0	1	1	4	2	7	3	12
Mentally incapable	0	1	15	8	120	96	135	105
Total	23	30	58	57	223	212	304	299
Mental diseases:								
Subacute and chronic mania—								
Violent	0	0	0	0	18	38	18	38
Not violent	5	8	7	14	47	27	59	49
Acute and periodic mania	5	5	3	5	9	19	17	29
Moral insanity	0	0	0	0	3	5	3	5
Monomania	4	3	8	8	9	10	21	21
Melancholia	3	7	12	6	20	21	35	34
Dementia and imbecility	6	7	28	24	115	89	149	120
Idiocy	0	0	0	0	2	2	2	2
Total	23	30	58	57	223	212	304	299
Duration of disease:								
Under 3 months	0	4	1	6	11	15	12	25
„ 6 „	0	4	2	2	7	10	9	16
„ 12 „	3	2	1	8	10	16	14	26
„ 18 „	0	0	1	2	1	10	2	12
„ 24 „	3	0	1	2	19	8	21	10
„ 30 „	0	0	1	1	3	3	4	4
Above 30 „	17	20	51	36	174	150	242	206
Total	23	30	58	57	223	212	304	299
Suicidal	0	0	0	0	7	4	7	4
Epileptic	2	0	2	0	14	9	18	9
General paralysis	0	0	0	0	14	0	14	10
Convalescent	9	12	7	9	14	11	30	31

From these data it appears that about 8 or 9 per cent. of the inmates might be boarded in cottages, and about 19 or 20 per cent. in the detached buildings. The males suitable for a detached building include the largest number of tradesmen, which suggests the propriety of placing the tailors' and shoemakers' workshops in the same department. In such a case it would be advisable that the tailor and shoemaker attendants should form part of the staff of that building. This would partially obviate the inconvenience arising from draughting off a number of patients from the superintendence of one man during meals and idle time, to that of another during work, which tends greatly to aggravate the homeless character of the prevailing system. The detached buildings do not require to be single, but may be varied in number as well as in kind. The eleven agricultural labourers might be placed together, in a section superintended by the groom or the ploughman, or both. In asylums as large as that from which these statistics are procured, a subdivision of this detached population would probably be attended with great benefit. Various plans have been devised as most suitable for the arrangements of these edifices. From what I have been able to learn, the building which might be called, so to speak, a main detached building for males would be best made up of a combination of the arrangements at the Lancaster and Devon asylums, incorporating the excellent arrangement at the Devon New House with the tradesman element at Lancaster. At the new Carlisle asylum, many of the tradesmen are intended to live in the same building as their workshops, which are detached from the main establishment; and I should expect that the arrangement will be found advantageous. For the females, I cannot imagine a more suitable general plan than the New House at the Devon. For smaller houses some useful plans have been suggested by Dr. William D. Fairless, of Montrose. The objection which I feel inclined to make to the Chester buildings is the want of single-room sleeping accommodation, which must exclude many who might otherwise be suitable for the department. An important and somewhat difficult point to determine is, whether there should be separate cooking arrangements in these sections of an asylum. As yet we are in want of sufficient experience to determine this point; but Mr. Brushfield will soon be able to supply such information as may help us to a decision as regards the males, and Dr. Bucknill to report on its practical working among the females. From the theoretical grouping of the patients in the table, we should be led to coincide with Dr. Bucknill's disapproval of the introduction of the laundry element. An argument which will weigh forcibly with ratepayers in deciding the question of the general expediency of some such accommodation is the cost at which it can be procured. The New House at the Devon asylum only cost £38 10*s.* a patient; the additions to the Chester asylum, £36; and according to Dr.

Fairless's calculations, whose accuracy has yet to be tested by experiment, the houses he proposes could be provided for £23 a head.

The purely home or cottage treatment might be provided for by attempting to establish a community like Gheel. The objections to this, as stated by Dr. Browne, are, "first, the incompatibility of such a plan with the general economy of villages or parishes in Britain, with the tenure of property, and with the habits of the people; secondly, the doubt whether the arrangement, if diet, clothing, and medical attendance were supplied as in asylums, would prove remunerative; and thirdly, the certainty that hardship, cruelty, and neglect would spring up, where the responsibility was so slight, the temptations to peculation and tyranny so many, and the chances of detection so few." The impracticability of forming such an institution as the Belgian one in this country has, I think, been overrated, and this opinion would seem to be confirmed by the comparatively rapid growth of the unfortunate colony in Arran. That the abuses which might arise could be checked or prevented by an efficient medical superintendence, and a careful selection of suitable cases, appears to be proved by our investigation of the condition of Gheel. The question of its expediency as a matter of financial success cannot be so easily determined. Of course it could not be expected that the charge of sixpence halfpenny per diem for each patient at Gheel would be sufficient for a similar purpose in this country. Yet something may be inferred from a comparison of that expense with the rates charged at two of the best Belgian asylums, such as those for males and for females at Ghent. The average at these institutions, for the last five years, has been sevenpence halfpenny per diem for males, and at the asylum for females a mere fraction less, showing a saving of about a sixth on those patients sent to Gheel. This saving would, however, be all absorbed by the expenses of such additional supervision as I believe to be necessary at the latter place. On the whole I fear that this system cannot be advocated on the ground of *greater* economy. The strongest objection to which the system seems open is that greater benefits would probably accrue from the adoption of the cottage treatment as an adjunct to the regular asylums. This might be done in two ways, both of which possess advantages which would adapt them to different cases. One is by giving cottage residences within the asylum grounds to artizans and others, not required to live in the asylum, and constructing these cottages so as to enable the occupants to take each two or three boarders. The other is to board the patients with the inhabitants of a neighbouring village. For this latter plan it would be necessary that the asylum should be in the immediate vicinity of a village, and that both should be at a considerable distance from any large town. Without the one requisite the patients would be too much removed from supervision, and without the other, too many

inducements would be presented to them to throw themselves in the way of temptations which are so dangerous to the unsettled mind. The great advantage which this plan possesses in comparison with the Belgian system is, that many of the cases suitable for cottage treatment are so only for very brief periods, being either in a probationary state between the asylum and the world at large, or liable to relapses which may render their transference to the main building at any time a measure of prudence or necessity. In Dr. Bucknill's experiment this view of the requirements was illustrated soon after its inauguration. "In one instance maniacal excitement came on. The superintendent was informed of it, and the patient was readmitted into the asylum without the least delay." At the conference of German alienist physicians at Eisenach last September, the opinion seems to have been general that the system should be introduced, at least in the mean time, only in connexion with existing asylums.

Before closing the review of this subject, I beg leave to refer to the recommendations contained in the 'Suggestions and Instructions' in reference to the construction of asylums, issued by the General Board of Lunacy for Scotland, and published in the Appendix to the first Annual Report. The directions correspond so nearly with what I have ventured to suggest in the foregoing observations, that I gladly avail myself of their high authority in lending weight to my conclusions. In articles 6 and 32 it is remarked, that "Detached buildings of a cheap and simple character, consisting chiefly of associated day-rooms and dormitories, might be provided for the use of working patients. For the females these buildings might be placed in connexion with the washhouse and laundry; and for the males, be in proximity to the workshops and farm buildings. Provisions of an equally simple and inexpensive description might also be made for a portion of the idiotic, imbecile, and fatuous patients, and also for chronic cases; or cottages might be erected for the accommodation of a large proportion of the working and inoffensive, who might be placed either under the care of the families of the attendants or of cottar tenants of the asylum. The cottages, if adopted, should be of different sizes, each calculated to accommodate from three to five patients, in addition to the family of the occupier. The male patients should be placed either in single rooms or in dormitories for three or four, and each cottage should contain a watercloset."

It will be interesting to watch the working of the cottage system in asylums erected according to this plan, and more especially if, in those situated in the more remote parts of the country, the experiment of boarding out patients can be so incorporated with it as to afford a fair trial to what at present seems to be the most satisfactory development of *the cottage system.*

Since the foregoing was written, I have perused the account of two *séances* of the *Société Médico-Psychologique* held last year, at which the merits of the cottage system, and the value of Gheel as a residence for lunatics, were warmly discussed. A favorable opinion was expressed by M. Brierre de Boismont, and also by its most constant as well as earliest advocate, M. Moreau (de Tours). On the other side of the question were MM. Parchappe and Ferrus, who—especially the latter—condemned in no measured terms all attempts at interfering with the present French system. The colony of Gheel was thus alluded to by M. Ferrus:—"Je crois, pour moi, qu'il est impossible de faire quelque chose d'aussi détestable;" but it should be noted that he ends his remarks by saying: "Quant à la construction des établissements en Angleterre, elle est détestable, comme vient de le dire M. Parchappe." The latter of these observations weakens considerably the force of the former, and would suggest that the learned and respected author had formed his impressions of both places from visits made many years since, and has allowed himself to compare them with the *present* condition of French asylums.

At the close of the discussion M. Trélat, the president, nominated a commission, who are to visit Gheel and report to the Society their opinion of its present condition and merits. This commission is composed of MM. Michéa, Moreau (de Tours), Mesnet, J. Falret, and Ferrus. It will be with some anxiety and no ordinary interest that those interested in the Gheelese system will await the verdict of so distinguished a tribunal.